

# Foster Family Home - Corrective Action Report

Provider ID: 1-190092

Home Name: Nemalyn A. Lagua, NA

Review ID: 1-190092-1

1611 Hoolehua Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 11/21/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 12/21/19.

6.(d)(1) -

## Foster Family Home


## Personnel and Staffing


[11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) - Needs to hire one SCG with completed paperwork.

  
Compliance Manager

  
Primary Care Giver

  
Date

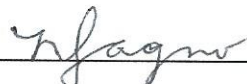
  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Nemalyn A Lagua**

CCFFH Address: **1611 Hoolehua St., Pearl City, HI 96782**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(a)(4)	I sent CTA all the paperworks to approve my new SCG. Put paperworks in my CCFFH binder.	12/6/19	I will have paperworks ready before I add a new SCG.

Primary Caregiver's Signature: 

Print Name: **Nemalyn A Lagua**

Date of Signature: **12/6/19**